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Bib Data Sheet

CONFIRMATION NO. 7449

<b>SERIAL NUMBER</b> 09/810,986	<b>FILING DATE</b> 03/16/2001 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2661	<b>ATTORNEY DOCKET NO.</b> 1014-002US01
<b>APPLICANTS</b> Ross Callon, Westford, MA; <b>** CONTINUING DATA *****</b> <i>None TP</i> <b>** FOREIGN APPLICATIONS *****</b> <i>None TP</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/26/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>TP</i> Verified and Acknowledged <i>TP</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MA <input checked="" type="checkbox"/>	<b>SHEETS DRAWING</b> 7 <input checked="" type="checkbox"/>	<b>TOTAL CLAIMS</b> 38 <input checked="" type="checkbox"/>
<b>INDEPENDENT CLAIMS</b> 5 <input checked="" type="checkbox"/>				
<b>ADDRESS</b> SHUMAKER & SIEFFERT, P.A. 150 Gateway Corporate Center I 576 Bielenberg Drive St. Paul, MN 55125				
<b>TITLE</b> Network routing using link failure information				
<b>FILING FEE RECEIVED</b> 1324	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	